

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
HARRISON, WILLIAM V.

PROJECT NAME
MONOCLINIC #1/TRIANGLE

PROJECT ID
S370085

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/26/2002	\$ 150	\$ 150

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

<i>Change of Address</i>	
Contact	
Address	RECEIVED
	AUG 01 2002
State	DIVISION OF
Zip	OIL, GAS AND MINING
Phone	

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Please make check payable to:
Division of Oil, Gas and Mining